

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213535050			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Housing Opportunities Made Equal of Virginia, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PAUL W. JACOBS, II CHRISTIAN, BARTON, EPPS, BRENT & CHAPPELL 909 E MAIN ST 1200 MUTUAL BLDG</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: 01338896</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 626 E BROAD ST STE 400</p> <p style="text-align: center;">CITY/ST/ZIP: RICHMOND, VA 23219</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONITA HARPER TITLE: TREASURER ADDRESS: 5712 BARNWOOD TERRACE CITY/ST/ZIP/CO: RICHMOND, VA 23234 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DONITA HARPER TITLE: TREASURER ADDRESS: 5712 BARNWOOD TERRACE CITY/ST/ZIP/CO: RICHMOND, VA 23234	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: WALTER J O'BRIEN JR TITLE: DIRECTOR ADDRESS: 300 NORTH RIDGE ROAD APT 51 CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	S. Corey Humphrey	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1657 W Broad St #13		
CITY/ST/ZIP/CO:	Richmond , VA 23220		
NAME:	Victor K. Branch	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	2nd Vice Chair		
ADDRESS:	1111 E. Main St		
CITY/ST/ZIP/CO:	14th Floor Richmond, VA 23219		
NAME:	Carla P Childs	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3405 Fendall Avenue		
CITY/ST/ZIP/CO:	Richmond, VA 23222		
NAME:	M. Maxine Cholmondeley, Esq	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6767 Forest Hill Ave		
CITY/ST/ZIP/CO:	Suite 310 Richmond, VA 23225		
NAME:	Marcia C DuBois	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1603 W. Leburnum Ave		
CITY/ST/ZIP/CO:	Richmond, VA 23227		
NAME:	Thomas Okuda Fitzpatrick, Esq	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2300 E. Cary Street, Apt 15		
CITY/ST/ZIP/CO:	Richmond, VA 23223		
NAME:	Thomas J Gallagher	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	720 Moorefield Park Drive		
CITY/ST/ZIP/CO:	Suite 300 Richmond, VA 23236		
NAME:	The Rev. J. Fletcher Lowe, Jr.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 Westbrook Ave. #17		
CITY/ST/ZIP/CO:	Richmond, VA 23227		
NAME:	Christine E Marra, Esq.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	700 E. Main St		
CITY/ST/ZIP/CO:	Suite 1410 Richmond, VA 23219		
NAME:	Mirta M Martin	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3910 Reed		
CITY/ST/ZIP/CO:	Midlothian, VA 23113		

NAME:	Sharon Stewart-Murphy	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4106 Rockridge Place		
CITY/ST/ZIP/CO:	Chester, VA 23831		
NAME:	M. Pete Stith	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11613 Nevis Dr		
CITY/ST/ZIP/CO:	Midlothian, VA 23114		
NAME:	Tiffany Taylor-Minor	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	701 E Cary Street		
CITY/ST/ZIP/CO:	11th Floor Richmond, VA 23219		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DONITA HARPER	DONITA HARPER, TREASURER	7/29/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			